This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:	91	516,	670	
•		ł			

FORM OIPE-RAM-01 (Rev. 12/97)

		Total Fee	: Calculatio	o a		
	Fee Cade	Tacal # Claim.	Number Exten X	Foo	<u> </u>	Tatal
	Sm./Lg			Sin. Entiry	Lg Entity	
Busic Filing Fee	<u>2017/101</u> (A)				690.	690
Tatal Claims >20	203/103	4 20 -	У			
Independent Claims >1	202/102	; -	:			. •
Mult, Dop Claim Present	204/104					
Surcharge	205/105				130 .	130
English Translation	110 .					
TOTAL FEE CALCULA	ATION					320
Fees due upon filing t	he application					
Total Filing Fees Due	=	820.	n/			
Less Filing Fees Subm	iπed - \$					
BALANCE DUE	= \$	8	20,0		•	
Office of Initial Patent	Auts Ekamination		,			
		$Pi\omega$	ire 7			



Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL E		OR	OTHER SMALL E			
FO	FOR NUMBER FILED NUMBER EXTRA			XTRA	RATE	FEE		RATE	FEE		
BA	SIC FEE						A Charles	345.00	OR		690.00
TO	TAL CLAIMS		. 4	minus 20	0= *		X\$ 9=		OR	X\$1,8=	
IND	EPENDENT CL	AIMS		minus 3	3 = *		X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	6911	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR	OTHER SMALL E	
AMENDMENT A	A	CL REMA	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
IDME	Total	*	11	Minus	20	=	X\$ 9=		OR	X\$18=	
MEN	Independent	*		Minus	<i>9</i>	=	X39=		OR	X78=	
H	FIRST PRESE	NTATIC	ON OF MI	JLTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
		÷	TOTAL			TOTAL					
					(O-l	(Calumn 2)	ADDIT. FEE	L	10	ADDIT. FEE	
-			umn 1)_ AIMS	N. S.	(Column 2) HIGHEST	(Column 3)		ADDI-	l	<u> </u>	ADDI-
AMENDMENT B		, Al	IAINING FTER NDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
Ž Q	Total	*		Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	*		Minus	***	=	X39=		OR	X78=	
Ľ	FIRST PRESE	NTATIO	ON OF M	ULTIPLE DEF	PENDENT CLAIM	1	+130=			+260=	
							TOTAL		OR	TOTAL	
							ADDIT. FEE		OR	ADDIT. FEE	<u> </u>
Ŀ			lumn 1)	Const. or product, was any great these	(Column 2)	(Column 3)					
AMENDMENT C		REN	LAIMS MAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***	=	X39=		OR	X78=	†
Z	FIRST PRESE	ENTATI	ON OF M	IULTIPLE DE	PENDENT CLAIF	И			1		1
	-						+130=		OR		
••	If the "Highest Nu	ımber P	reviously F	Paid For" IN TH	umn 2, write "0" in o IS SPACE is less t	nan 20, enter "20."	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEI	
"	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										